

City of Milton-Freewater, Oregon

EMPLOYMENT APPLICATION

<u>INSTRUCTIONS</u>: Please complete (print or type) all sections, date and sign. An incomplete application may result in elimination from consideration for employment. Respond only for the position currently open. Request a position open notification card if you are interested in other positions.

Position Applying I		Date:					
Name in full:							
Telephone: Home		Office	Cell/Pager				
E-mail:							
Address:(Street)			(City)			(State)/(Zip)
I am willing to work:				days only			
I can begin work on:	(Date)						
Education High School:		Locati	on:		_Diploma:	Yes	_No
If No Diploma, Date	Received G.E	.D	Lo	ocation:			
College/Vocational Ed	ducation:						
School Name	<u>Location</u>				<u>ates Attended</u> <u>Degree</u>		
Major Course of Stud	y:						
Training or Apprentice Pr							

The City of Milton-Freewater is an equal opportunity employer. Employment will be based upon consideration of the qualifications of all applicants for employment. Discrimination based upon an applicant's race, color, religion, sex, age, marital status, national origin, or disability will not be considered.

EMPLOYMENT HISTORY

(Please start with the most recent)

Employer:		Address:					
Position/Title:	Phone:						
Dates of Employment:t	o Supervisor's Name:						
Reason for leaving:	Ending Salary:	per					
	Address:						
Position/Title:	Phone:	Phone:					
Dates of Employment:t	o Supervisor's Name:						
	Ending Salary:	per					
·							
Employer:	Address:						
Position/Title:	Phone:						
Dates of Employment:t	Phone: Supervisor's Name:						
Reason for leaving:	Ending Salary:	per					
	tach resume or extra page if needed):						
 Are you related to any curre If yes, please reveal name. Have you ever been convicted 	nt Milton-Freewater city employee?YesNo d of a felony?YesNo						
3. If necessary, I am able to m	ove within the service boundary of the cityYes	_No					
I swear that the information supplied	on this application is accurate and true.						
Signature:	Date:						

City of Milton-Freewater AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Milton-Freewater with any and all information that you have concerning me, my work record and my reputation. Information of a confidential or privileged nature may be included. Your reply will be used to assist the City of Milton-Freewater in determining my qualifications and fitness for the position I am seeking with the City of Milton-Freewater.

I hereby release you and your organization from any liability or damage which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications for employment with the City of Milton-Freewater. I understand any information obtained will be strictly confidential.

I also understand that, as a matter of policy, the City of Milton-Freewater may conduct a criminal offender background check through the Oregon State Police Law Enforcement Data System (LEDS) and I hereby give my authorization to do so.

Applicant's Signature	Applicant's name (please prir	nt)
Social Security	Driver's License Number	State
Date Signed		
For Police Department Applicant's only:	 Date of Birth	

CITY OF MILTON-FREEWATER

P.O. Box 6 722 S. Main Street Milton-Freewater, Oregon 97862 541-938-5531

